EXHIBIT C

UNITED STALLS BANKRUPTCY COURT DISTRICT OF Nevada					PROOF OF CLAIM
Name of Dubtor	Case Indinoci				
USA COMMERCIAL MURTGAGE COMPANY 06-10725-LBR					
NOTE This form should not be used to make a claim for an admini- of the case. A request for payment of an administrative expense ma	nt				
Name of Creditor (The person or other entity to whom the debtor owes money or property) FREEDUS, MICHAEL 2535 LAKE ROAD DELANSON, N.Y. 1 2053 Name and address where notices should be sent MICHAEL FREEDUS	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this.			oof of claim relating to h copy of statement have never received a	o ny
2535 LAKE ROAD DELANSON, N Y 12053 Telephone number 518-864-5032	addi the	ck box ress on t court	the en	address differs from the velope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here is claim		eplaces amends a previously	filed claim dated
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE EXHIBIT A			Wages Last fo Unpaid		ervices performed
2 Date debt was incurred 03-02-05	3.	If co	urt ju	dgment, date obtair	ned
4 Classification of Claim Check the appropriate box or boxes th	at best des	onbe vo	our cla	im and state the amou	int of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 355 812 19 Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) in only part of your claim is entitled to priority		Secu	Chec	Claim k this box if your claisetoff)	m is secured by collateral (including
Unsecured Priority Claim			R	Description of Collate Mote of Collateral	or Vehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$	nich is	Amo	unt of	_	harges at time case filed included in
Specify the priority of the claim		Up to 3	\$2 225 ices fo	* of deposits toward	purchase, lease, or rental of property household use 11 U S C
Domestic support obligations under 11 U S C § 507(a)(1)(A) of (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within		§ 507(a	a)(7)		mental units - 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C \(\frac{507(a)(4)}{} \)	ors 📙 *Am	iounts a	ire sub	yect to adjustment on	ph of 11 USC § 507(a)() 4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C \(\gamma 507(a) \) Total Amount of Claum at Time Case Filed	/(°)				on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed Check this box it claim includes interest or other charges in add interest or additional charges		355 (unsect princi	mer ()	(secured)	(priority) (Total)
6 Credits The amount of all payments on this claim has been	credited ai	nd dedu	icted f	or the purpose of	THIS SPACE IS LOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are voluments are voluments.	mis such a cts court j D ORIGIN ninous atta	is prom udgmei IAL DO ach a su	issory nts, mo OCUM	notes, purchase ortgages, security IENTS If the	
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any, of the creditor or other person authorized to					FILED JAN 11 2007
1/9/07 The this claim (attach oppy of power of attorn	ney if any)			USA CMC
y and a second for the	111166	IKE	- 22	U)	

Case 06-10725-gwz Doc 8447-3 E	ntered 06/13/11 16:43:48	Page 3 of 11
PR	OOF OF CLAIM	, ,
Name of Debtor Case N	umber	
USA Commercial Mortgage Company 06-10	725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address 11321242035367 FULLER DAVID and Honica 955 MULLEN LAS VEGAS NV 80124 Len Aurician	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	TE ONLY OWED MONEY BY A BORROWER DAN IS BEING SERVICED BY THE YOU DO NOT HAVE TO FILE A PROOF THIS INCLUDES MONEY FROM THAT ER HELD IN THE COLLECTION ACCOUNT ILE THIS PROOF OF CLAIM FOR A INTEREST IN A BORROWER THAT IS NOT HE DEBTORS already filed a proof of claim with the You Court or BMC you do not need to file again
Creditor Telephone Number () 702 433 0960 Last four digits of account or other number by which creditor identifies debtor	THIS	SPACE IS FOR COURT USE ONLY
nere used	I if this claim I'll V'	riously filed claim dated
	The alliends	
Goods sold Personal injury/wrongful death	benefits as defined in 11 U S C § 1114	
1 Company wasfarmed 1 Taylor	, salaries and compensation (fill out belour digits of your SS #	w) Other claims against service (not for loan balances)
	compensation for services performed from	- om to
		(date) (date)
2 DATE DEBT WAS INCURRED Date of by Steven 3 IF 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desi	COURT JUDGMENT, DATE OBTAINED	aum at the time case filed
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim.	Check this box if your claim is	secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a nght of setoff)	
UNSECURED PRIORITY CLAIM	Brief description of collateral	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor	
Amount entitled to priority \$ 5404 36		WKI ANTHER TO Fraud arges at time case filed included in
Specify the priority of the claim	secured claim if any \$ <u>none</u>	arges at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase	lease or rental of property or
Wages, salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family, or household	
business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental Other Specify applicable paragraph of 11	* ****
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/	1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ 2104	with respect to cases commenced on or e	\$ 215,404.36
AT TIME CASE FILED (unsecured)	(secured) (pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the principal	al amount of the claim. Attach itemized state	ment of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments, mortgages security agreement	such as promissory notes, purchase ordents and evidence of perfection of lien.	rs invoices itemized statements of O NOT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the document		
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	your daim enclose a stamped sen-add	essed envelope and copy of this
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporati	ing Pacific time, on November 13, 2006	THIS SPACE FOR COURT
governmental units) BY MAIL TO BY HANI	O OR OVERNIGHT DELIVERY TO	
BMC Group BMC Gr		NOV 09 2006
P O Box 911 1330 Ea	est Franklin Avenue	
DATE SIGN and print the name and title if any of the creditor	or other person authorized to file	USA CMC
this claim (attach copy of power of attorney if any		
/ Ver	Muica D. Fuller,	1072501231

Case 06-10725-gwz Doc 8447-		OF OF CLAIM	3:48 Pag	<u>je 4 of 11</u>
				[
Name of Debtor	Case Nun	nber		
USA Commercial Mortgage Company	06-107	25-LBR		
l company	00-1017	LO-LDIX		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>			
This form should not be used to make a claim for an administrative explansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		į
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU	B BEING SERVICED BY THE DO <u>MOT</u> HAVE TO FILE A PROOF
11321242035473	3	Check box if you have		INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
GLADSTONE-KATZ, GALE - TRUSTEE 1320 NORTH STREET		never received any notices from the bankruptcy court or	DO NOT EN E EN	
#29		BMC Group in this case	SECURED INTE	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
SANTA ROSA CA 95404		Check box if this address	ONE OF THE DE	
CALE CHADSTONE-KATZREVOCABLE TR	PUST	differs from the address on the envelope sent to you by the	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (187)-511-2012		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor	Check here replace	a pravioush	/ filed claim dated
211		if this claim amen		, IIIOU Waltii Waltu
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, sa	alaries, and compensation (f	ill out below)	Other claims against servicer (not for loan balances)
Services performed		digits of your SS#		(not for loan balances)
Other (describe brieny)	Unpaid co	empensation for services per	formed from	to
2. DATE DEBT WAS INCURRED /2-/6-2002	3 IF CO	URT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	e your claim and state the amou	int of the claim at t	he time case filed.
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 677.059 Check this box if a) there is no collateral or lien securing your claim or b) y	ana alaum		ur claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you	your claim ur claim is	a right of setoff)		,
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ Unk	NOWN
Amount entitled to priority \$		Amount of arrearage an	d other charges	at time case filed included in
Specify the priority of the claim	_	secured claim, if any \$	10,475	-40
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2,225° of deposits towar services for personal family or	rd purchase lease	or rental of property or
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to gov		
business whichever is earlier - 11 U.S.C. § 507(a)(4)		Other - Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commend	ment on 4/1/07 ar	ed every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ /277.059.05 \$ 6	7105	-9.05 S	ed on or aner the	\$ 677 0 CG. U.S.
AT TIME CASE FILED (unsecured)	(38)	cured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	principal ar	mount of the claim Attach item		
6 CREDITS The amount of all payments on this claim has been credit	ited and de	ducted for the purpose of ma	akına thıs proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting documents	ments, suc	h as promissory notes inurch	nace ordere unu	Nose stammad statements of
running accounts, contracts, court judgments, mortgages, security ag DOCUMENTS If the documents are not available, explain. If the do	oreements.	AND AVIDANCE OF PARTACTION (∩flian DΩNO.	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the	filing of you	ur claim enclose a stamped	, self-addressed	envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm,	by mail or	hand delivered (FAXES NO	OT	THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships, co	proporations	s, joint ventures, trusts and	13, 2000	USE ONLY
governmental units) By MAL TO BY CONTROL	BY HAND OF	R OVERNIGHT DELIVERY TO	•	USA CMC
SWIC Gloup	BMC Group	M Claims Docketing Center		
P O Box 911	1330 East F	Franklin Avenue	ı	1072502277
El Segundo, CA 90245-0911 DATE SIGN and print the name and title if any of the		ther person authorized to file		
this claim (attach copy of power of attorne	by if any	LE CLASS TOWE-KAT	2 Keyocas	FILED JAN 12 200
	CAIR	EGLANCTIA/E-	V077	, 1

Penalty for presenting fraudulent claim is sine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Case 96_{1} 9725_{1} $9725_{$

FORM B10 (Official Form 10) (10/05)

 	BANKRUPICY COURT	Dis	IRICT (OF Nevada	PROOF OF CLAIM
Name of Dubtor U	JSA Commercial Mortgage Company	Case	Number	06-10725-LBR	
	hould not be used to make a claim for an admini- ucst for payment of an administrative expense ma				
dubtor owes money Elmer E	The person or other entity to whom the or property) Eugene Gilbert Jr , a married man dealing s sole & separate property	else your	has filed r claim / ng partici	f you are aware that anyone I a proof of claim relating to Attach copy of statement ulars I you have never received an	
E Eugene Gilbe 81590 Chenel R	Road	notic	ces from	the bankruptcy court in the	IS
Folsom, Louisiai	504-388-4783	the c	court.	ne envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of action 137	account or other number by which creditor 749	1	ck here is claim		filed claim dated
✓ Money I Personal	sold s performed loaned il ınjury/wrongful death		U W	tetiree benefits as defined in Vages salaries and comper ast four digits of your SS # Inpaid compensation for se from(date)	nsation (fill out below)
Other 2 Date debt wa	See Exhibit A ras incurred 11/30/2004	3	If cou	irt judgment, date obtain	
See reverse side Unsecured Nonpi Check this both b) your claim exceet only part of your claim exceet only part of your claim. Check this both entitled to priority. Amount entitled to Specify the priority of pomestic support (a)(1)(B). Wages salaries days before filing of business whichever. Contributions Total Amount	priority \$ The claim port obligations under 11 U S C \ 507(a)(1)(A) of some some some some some some some some	or or an 180 or tor's *Am	Amou secure Up to \$: or service \$ 507(a Taxes or other - mounts are with res, [Unsecure]	Check this box if your claim t of setoff) Brief Description of Collate Real Estate Moto Value of Collateral \$	teral or Vehicle Other— Unknown harges at time case filed included in 1.72 purchase lease or rental of property household use - 11 U S C mental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter in or after the date of adjustment \$227,620 28 (priority) (Total)
6 Credits The making this procest orders invoices agreements and documents are not a Date Stamped	e amount of all payments on this claim has been	nents such a racts court J ND ORIGIN Iminous, att illing of you the creditor	as promi judgmen NAL DO tach a su ir claim	issory notes, purchase nts mortgages security OCUMENTS If the immary enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY

UNITED STATE	S BANKRUPTCY COURT	D	STRICT (DI Nevada	
Name of Dubtor	PROOF OF CLAIM				
USA COM					
NOTE This form	should not be used to make a claim for an admini	strative exp	pense arisi	ng after the commencement	1É
	quest for payment of an administrative expense ma	ay be med	pursuant	10 11 U.S.C. § 503	
Name of Creditor in debtor owes mone	(The person or other entity to whom the			you are aware that anyone a proof of claim relating t	
GILBER.	T MANUEL, TRUSTEE OF THE	you	r clarm A	Attach copy of statement	ĭ
GILBERT.	MANUEL LIVING TRUST DATED 1/3/90		ing partici ock box if	uars you have never received a	ny
GILBERT	where notices should be sent MANUEL	not	ices from	the bankruptcy court in th	ns
4617 CU	VSTITUTION AVE NE	Che		the address differs from th	e
Telephone number	ROUF, 14M 87110 1 (505) 266 3183		ress on the court	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of	account or other number by which creditor	1	ck here	replaces	
identifies debtor		ifth	us claım	amends a previously	filed claim dated
1 Basis for C			Section 2	enree benefits as defined	
	soid es performed		1∟ ليا	ages salaries and composit four digits of your SS	#
	loaned al mjury/wrongful death		U	npaid compensation for s	ervices performed
F	SEE EXHIBIT A		fre	om(date)	to(date)
		12			,
2 Date debt v	6-28-04	3	II com	rt judgment, date obtan	1ed
4 Classification	of Claim Check the appropriate box or boxes th	at best des	спве уои	r claim and state the amo	unt of the claim at the time case filed.
	e for important explanations. priority Claim \$243374.30		Secur	ed Claum	
	ox if a) there is no collateral or lien securing you	relaim or	1	Check this box if your clair of setoff)	m is secured by collateral (including
i b) your claim exce	eeds the value of the property securing it or if c) claim is entitled to priority	none or			
Unsecured Prior				Brief Description of Colla	
<u> </u>	ox if you have an unsecured claim all or part of w	thich is		Value of Collateral \$ 1	
entitled to priority	you have an one-out of part of part of	11110-111 19	Amou	nt of arrearage and other o	harges at time case filed included in
Amount entitled to	priority \$		secure	d claim if any \$3,6	13.21
Specify the priority of	f the claim		Up to \$2	225* of deposits toward	purchase lease or rental of property
Domestic supp	port obligations under 11 USC § 507(a)(1)(A) o	r _	§ 507(a)		household use - 11 U S C
_	s or commissions fun to SIA 6000 * garned outline		Taxes or	penalties owed to govern	mental units 11 U S C § 507(a)(8)
days before filing of	s, or commissions (up to \$10 000) * earned within if the bankruptcy petition or cessation of the debter is earlier 11 U S C § 507(a)(4)	or 8			ph of II U S C § 507(a)()
	s to an employee benefit plan - 1! U.S.C. § 507(a		nounts are with resp	e subject to adjustment on vect to cases commenced o	4/1/07 and every 3 years thereafter on or after the date of adjustment
	int of Claim at Time Case Filed			37430 243,37430	243,374 30
Check this box	of claim includes interest or other charges in add	_	fansecon	d) (secured)	(priority) (Total)
miletest of add	iuonai charges				
making this pro					This Space is for Court Use Only
7 Supporting D	Occuments Attach copies of supporting docume	ents such	as promis	sory notes purchase	
agreements, and	itemized statements of running accounts contra devidence of perfection of lien DO NOT SEN	cts court	judgment VAL DO	s mortgages security	LED JAN 1 0 20P
documents are i	not available explain. If the documents are volui	ninous att	ach a sun	nmary	
8 Date-Stamped addressed envel	Copy To receive an acknowledgment of the fill ope and copy of this proof of claim	ing of you	ır claım e	nclose a stamped self	
Date	Sign and print the name and title if any, of the	he creditor	or other	person authorized to	1
1/8/20	file this claim (attach copy of power of attor Billery manuel, Irustee	ney if any	1)	,	
1/8/07		- 711c -	ــر ــو ــ		
	GILBERT MANUEL, T	KU>1	FF		i

Penalty for presenting fraudulent claum. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571



TOTAL DIG (Official Folia To) (Toron)					
UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM			
Name of Debtor USA COMMERCIAL MORTCAGE Co.	Case Number 06-10725				
NOTE. This form should not be used to make a claim for an administrative expense ma	rative expense arising after the commencement be filed pursuant to 11 U.S.C. § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST att 10/34/78	Check box if you are aware that anyone clse has filed a proof of claim relating to your claim. Attach copy of statement giving purticulars.				
Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE CIVE Y			
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously file	ed claim dated			
1 Basis for Claim GENERIT UNSE Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Other	Retiree benefits as defined in Wages, salaries and compens Last four digits of your SS # Unpaid compensation for ser from	ation (fill out below)			
2. Date debt was incurred JAN 1, 2005 To APRIL 12, 2006	3. If court judgment, date obtained	1 -			
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	claim, or one or Claim, or one or Claim, or one or Brief Description of Collater Real Estate Motor Value of Collateral \$	vehicle Other————————————————————————————————————			
5 Total Amount of Claim at Time Case Filed	\$ 503,808 (unsecured)	503808 (priority) (Total)			
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
Credits: The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SPACE IS HIR COURT US ONLY			
7 Supporting Documents. Attach copies of supporting documents invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain if the documents are voluing. 8. Date-Stamped Copy. To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the file this claim (attach copy of power of attach	cts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the ninous, attach a summary ing of your claim, enclose a stamped, self- ne creditor or other person authorized to ney if any) BARH 1980	ED DEC 0 7 2006			

UNITED STATES	S BANKRUPTCY COURT	Dr	STRICT	of Nevada	PROOF OF CLAIM
Name of Dubtor USA COI	THERCIAL HORTGAGE COMPAN	Case	Number 06-1	10725-LBR	THOSI OF SEALW
NOTE This form of the case A re-	should not be used to make a claim for an admin quest for payment of an administrative expense in	istrative expanses be filed	pense aris	ing after the commencement to 11 USC. § 503	at .
dubtor owes mone	A.M HANDAL, a single man	else you	has filed or claim ong partic	f you are aware that anyone if a proof of claim relating to Attach copy of statement ulars f you have never received a	o l
3575	where notices should be sent SISKIYOU CT PRD, CA(94542)	not	ces from	the bankruptcy court in the	18
	5/0-581-3754 account or other number by which creditor	the	court.	ne envelope sent to you by	THIS SPACE IS FOR COURT USE ON
identifies debtor	CC. 1D' 5811		ck here us claum	replaces amends a previously	filed claim dated 1////06
Money Person	sold s performed loaned al injury/wrongful death		<u>ן</u>	etiree benefits as defined a lages salaries, and compe ast four digits of your SS inpaid compensation for so om	nsation (fill out below) # ervices performed to
	SEE EXHIBIT A	3.	If con	(date) rt judgment, date obtain	(date)
	NOVEMBER /11/2004				
Unsecured Non Check this b b) your claim exceonly part of your	for important explanations. priority Claim \$ 711, 472,73 ox if a) there is no collateral or lien securing you could be the value of the property securing it or if c) claim is entitled to priority	ir claim, or none or	a righ	it of setoff) Brief Description of Collate	
Unsecured Priori Check this be entitled to priority	ty Claim ox if you have an unsecured claim all or part of the	which is	Amou	Value of Collateral \$_4 Int of arrearage and other cl	/////////////////////////////////////
Amount entitled to	priority \$		secure	ed claim, if any \$ 10	755 10
Specify the priority of Domestic supple (a)(1)(B)	the claim nort obligations under 11 USC § 507(a)(1)(A) o		or services 507(a)	ces for personal, family, or (7)	
business, whicheve	s, or commissions (up to \$10,000),* earned within the bankruptcy petition or cessation of the debt r is earlier - 11 U.S.C. § 507(a)(4)	tor's L	Other - :	Specify applicable paragra	nental units - 11 USC § 507(a)(8) ph of 11 USC § 507(a)() 4/1/07 and every 3 years thereafter
	to an employee benefit plan - 11 U S C. § 507(a				n or after the date of adjustment.
	nt of Claim at Time Case Filed If claim includes interest or other charges in additional charges.	_	(unsecu	72, 73 \$711, 472, 73 ed) (secured) al amount of the claim At	(priority) (Total)
6. Credits The making this pro-	e amount of all payments on this claim has been of of claim	credited a	nd deduc	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting D orders invoices agreements and documents are i	ocuments: Attach copies of supporting documents itemized statements of running accounts, control evidence of perfection of lien DO NOT SEN not available, explain If the documents are volu	ncts, court j ID ORIGIN minous, att	judgmen VAL DO ach a sui	ts, mortgages, security CUMENTS If the mmary	LED JAN 1 2 2007
addressed envel	Copy To receive an acknowledgment of the fi ope and copy of this proof of claim.			·	
Date	Sign and print the name and title, if any, of file this claim (attach copy of power of attor	mou if any	Λ.	·	USA CMC
JAN/Y/2007	Trandaks J	DHN F	<i> [</i> (HANDAL.	1072502286

UNITED STATES BANKRUPTCY COURT	Dis	TRICT C	i Nevada		PROOF OF CLAIM	
Name of Dobior Case Number					PROOF OF CLAIM	
USA Commercial Mortgage Compan			725- LBA	?		
NOTF This form should not be used to make a claim for an admini				cement]	
of the case. A request for payment of an administrative expense ma	ay be filed p	pursuant i	to II USC § 503			
Name of Creditor (The person or other entity to whom the			you are aware that at			
dubtor ower money or property) Jr Trustee for			a proof of claim related Attach copy of stated			
debtor ower money or property) Edwin L Hausley Jr Trustee for the Edwin Lowell Hausler Jr Living Trustdated 1/3/92	givii	ig partice	lars			
Name and address where notices should be sent			you have never recei			
Edwind Hauslevils Irustee	case		the bankruptcy court	in inis		
Albuquerque, NM 87110			the address differs fro			
Telephone number (505) 266-3183	1	cess on in Court	e envelope sent to yo	ou by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor		ck here	replaces			
identifies debtor	ıf th	ıs claım	amends a previo	ously filed	I claim dated	
1 Basis for Claim		lE	ettree benefits as def			
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4 Classification of Claim Check the appropriate box or boxes to	hat heet dee	cabe vo	it claim and etate the	amount (of the claim at the time case filed	1
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Check this box if a) there is no collateral or lien securing you	ur claim or	a righ	Check this box if you t of setoff)	ur claim is	secured by collateral (including	
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or		Ruef Description of	Collateral	l	
Unsecured Priority Claim Brief Description of Collateral When Description of Collateral Other Other						
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entitled to priority	WIJICIJ 18	Amou	int of arrearage and o	ther charg	ges at time case filed included in	
Amount entitled to priority \$		secure	ed claim if any \$_	3,61	3 21	
Specify the priority of the claim	П	Un to \$	2.225* of deposits to	ward nur	chase lease or rental of property	1
m	L	or servi	ces for personal fam	uly or hou	isehold use - 11 USC	1
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	or 🖂	§ 507(a			and the second second second	
Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)						
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business whichever is earlier 11 USC § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of udjustment.						
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	_	(unsecu	red) (secured) (p	priority) (Total)	
Check this box if claim includes interest or other charges in ac interest or additional charges	ldition to th	e buncit	pal amount of the cla	ım Attacl	h itemized statement of all	
6. Credits The amount of all payments on this claim has bee	n credited a	and dedu	cted for the purpose	of '	THIS SPACE IS FOR COURT USE ONLY	1
making this proof of claim	_					
7 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, continuous.					:	
agreements and evidence of perfection of hen DO NOT SE				ıty	:	1
documents are not available explain. If the documents are volu					į	l
8 Date Stamped Copy To receive an acknowledgment of the	filing of yo	ar Claum	enclose a stamped s	self-		
addressed envelope and copy of this proof of claim.					FILED JAN	h A 21
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atte	orney if an	y)	ì	to	FILED JAN	
1-08-07 Edw n 5 Javeler,		Tru	tee	1	,	
Edwin L Hausle	r, Jr	72	instee			
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Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada PROOF OF CLAIM Name of Dehtor Case Number NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property) your claim. Attach copy of statement DON D. MEYER+DENNIS E. HEIN giving particulars. Check box if you have never received any Name and address where notices should be sent: notices from the bankruptcy court in this Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY the court. Check here replaces Last four digits of account amends a previously filed claim, dated: if this claim identifies debtor: Retiree benefits as defined in 11 U.S.C. § 1114(a) Basis for Claim Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS #: Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death (date) (datc) Other -If court judgment, date obtained: Date debt was incurred: 4. Classification of Claim. Check the appropriate box or hoxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ 126,590 Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or a right of setoff). only part of your claim is entitled to priority. Brief Description of Collateral: Real Estate | Motor Vehicle Other-**Unsecured Priority Claim** Value of Collateral: \$_UNKNDU Check this box if you have an unsecured claim, all or part of which is Amount of arrearage and other charges at time case filed included in entitled to priority. Amount entitled to priority \$__ Up to \$2,225* of deposits toward purchase, lease, or rental of property Specify the priority of the claim: or services for personal, family, or household use - 11 U.S.C. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). 6.590 Total Amount of Claim at Time Case Filed: (Total) (unsecured) (secured) (priority) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): [

UNITED STATES BANKRUPTCY COURT	Dist	RICT O	F Nevada	PROOF OF CLAIM	
Name of Debtor					
USA Commercial Mortcace Con	Citto 11 miles				
NOTI- This form should not be used to make a claim for an admini					
of the case A 'request" for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the			you are aware that anyone		
dubtor ower money or property) Helms Homes LLC			a proof of claim relating to attach copy of statement		
Meins Homes LL		g particul			
Name			you have never received an the bankruptcy court in this		
Terry Helms 809 Upland Blvd.	case.				
Las Vegas NV 89107 3719) hand	+	the address differs from the e envelope sent to you by	Trum Carron at any Comment live Co.	
Telephone number 70 2 25 8 10 44	the c	ourt.		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor		k here s claum	replaces amends a previously f	iled claim dated	
1 Basis for Claim		_	etiree benefits as defined in		
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Services performed Money loaned			npaid compensation for se		
Personal mury/wrongful death		fre	om(date)	_to	
Taxes See Exhibit A			(date)	(date)	
2. Date debt was incurred	3.	If cour	rt judgment, date obtain	ed	
4 Classification of Claim. Check the appropriate box or boxes to See reverse side for important explanations.	hat best des			nt of the claim at the time case filed	
Unsecured Nonpriority Claim \$6,348,967, 22		Secur	ed Claim		
Check this box if a) there is no collateral or lien securing yo	ur claım. or	a right	Check this box if your clair tof setoff)	n is secured by collateral (including	
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or		•	1	
Unsecured Priority Claim			Brief Description of Collate Real Estate Moto		
Check this box if you have an unsecured claim all or part of	which		Value of Collateral \$_		
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Amount entitled to priority \$		secure	ed claim, if any \$87,1	96.81	
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Check this box if claim includes interest or other charges in ac interest or additional charges.	odition to th	e princip	al amount of the claim At	tach itemized statement of all	
6. Credits The amount of all payments on this claim has bee	en credited a	nd deduc	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY	
making this proof of claim 7 Supporting Documents: Attach comes of supporting documents.	manta anak		name autor such s		
7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, securit FILED JAN 1 2 2007 agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
	documents are not available, explain If the documents are voluminous, attach a summary 8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-				
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